

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6<sup>th</sup> Floor, William R. Snodgrass Tower

Nashville, TN 37243

For Office Use Only

APPLICATION FOR RESERVATION OF  
LIMITED PARTNERSHIP NAME

To the Secretary of State of the State of Tennessee:

The undersigned hereby applies for reservation of the following limited partnership name for a period of four (4) months:

[NOTE: The limited partnership name proposed for reservation must meet the requirements as outlined in the Tennessee Revised Uniform Limited Partnership Act, Section 61-2-102 (if domestic) or 61-2-904(a) (if foreign).]

The name and address of the applicant is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip Code

Date: \_\_\_\_\_ , \_\_\_\_\_

(if applicant is a limited partnership)

\_\_\_\_\_  
(Name of limited partnership)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Signer's Capacity

(if applicant is an individual)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (typed or printed)